



## Excerpts from Indiana Deaf and Hard of Hearing Services Mental Health Town Hall Meetings Report 2004

In the spring of 2004, Indiana Deaf and Hard of Hearing Services conducted a series of Town Hall meetings in Fort Wayne, Merrillville, Evansville, New Albany, and Indianapolis. This report lists the actual comments received, in the words of the persons who made these statements, interpreted from American Sign Language into written English. The comments are placed in four categories: Communication Access; Education & Training; Public Awareness; and General. The names of individuals and businesses names were removed or generalized.

From the comments received it is clear that much work must be done to improve the current situation with Mental Health services for Deaf and Hard of Hearing clients in Indiana. Indiana Deaf and Hard of Hearing Services will share this report with the Indiana Division of Mental Health and Addiction Services and will work closely with them and others to see how this can be accomplished.

This article includes only highlighted comments from the 80 comments made in the full report. For a copy of the full report sent electronically, please contact Jerry Cooper at [jerry.cooper@fssa.in.gov](mailto:jerry.cooper@fssa.in.gov) or see our website in a few weeks at: [www.in.gov/fssa/dhhs](http://www.in.gov/fssa/dhhs).

### I. COMMUNICATION ACCESS

**MAN:** I'm a Mental Health case manager who is Deaf. When I tried to discuss concerns from some Deaf clients in Indiana about the treatment they were receiving with a local hearing Mental Health facility, persons from the facility thought I was a client – not another Mental Health professional. It took 10 minutes to convince them that I was not a client needing services. They assumed that a Deaf person could not be a professional counselor. I am concerned about the preconceptions most Mental Health service providers in Indiana have about Deaf people. Case workers are generally not trained to work with or have any exposure to Deaf people. They are not looking at Deaf people as individuals. Places sometimes advertise that they offer Deaf services, when in reality they do not. Many professionals do not hire interpreters. We need to focus on the Deaf client's needs. We have services, but Indiana does not provide

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### Calendar of Events September - November

#### MEETINGS:

October 15, 2004 - Friday

**Contract Interpreters Meeting  
(formerly Community Agencies of the Deaf)**

Time: 10:30 a.m. to 12:30 p.m.  
Glendale Public Library  
6101 N. Keystone Ave.  
Indianapolis, IN

October 18, 2004 - Monday

**Board of Interpreter Standards  
(BIS)**

Time: 10:30 a.m. to 1:00 p.m.  
Glendale Public Library  
6101 N. Keystone Ave.  
Indianapolis, IN

**Note:** DHHS Advisory Committee meeting on September 29, 2004 has been cancelled.

#### WORKSHOPS:

Sept. 11, 2004 - Saturday

*Interpreting Idioms and Expressions*

Time: 10:00 a.m. to 5:00 p.m.

Instructors: Colleen Geier and Tom Adamo

DHHS CEUs: .3 for Category 1 and .3 for Category 2

Lincoln Center

Highland, IN

Contact: Colleen Geier at (219) 945-1653 or [DeafConnection@aol.com](mailto:DeafConnection@aol.com)

Nov. 5-7, 2004 - Friday-Sunday

*In Depth Weekend Skillshop in*

*Signing Exact English*

Instructors: Dennis Davino, Carol

Both, Sue Tellez, Susan Morgan

RID CEUs: 1.5 - CMP & ACET

DHHS CEUs: 1.5 - Category 1

Louisville, KY

Contact: Esther Zawolkow at 562-430-1467 or [seecenter@seecenter.org](mailto:seecenter@seecenter.org)

## Town Hall Meetings Report

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services at a level of quality to meet Deaf clients' needs.

**WOMAN:** Mental Health providers don't know what to do if they have a Deaf person who needs help. They don't have interpreters on staff and often don't know how to get an interpreter when needed. They don't accept that Deaf people have unique needs.

**WOMAN:** I have a Deaf family member, who recently received very poor services from a local Mental Health center. Nurses told me they had no idea how to communicate or how to deal with my Deaf family member. Therapists told me that they couldn't communicate with my family member and felt interpreting services were not adequate to understand my Deaf family member's needs. Eventually, we found a counselor who was Deaf. This Deaf counselor was the first person who was able to communicate with my family member directly. It was one to one communication. It was wonderful... I have since had to take my family member to Illinois so she can be served by individuals who know ASL and understand Deaf culture. Now she is receiving one to one attention via direct communication outside of the failed Indiana system. Another thing: Just because a person has the state certification in Indiana as an interpreter, does not mean that person is qualified to interpret in the mental health setting.

**MAN:** Interpreters are not always skilled. I have been in mental health situations myself using a certified interpreter and that person did not understand that setting. As a result there were several miscommunications. Interpreters are not always the answer. Deaf people need direct communication. American Sign Language and English are not the same language. I am glad DHHS is here doing this. Deaf people should be given the choice of either direct communication or using an interpreter.

**WOMAN:** I am hard of hearing. I see signs everywhere that says, "Habla Espanol". These signs mean that a person in that establishment speaks Spanish. Deaf people should have the same rights. They should be able to have direct communication with the hospitals, psychiatrist office, etc. It is easier for Deaf people to communicate in their language. Maybe Deaf

people know English, but they prefer to use American Sign Language (ASL), their native language. If Spanish people can have interpreters or have people in the businesses that can speak Spanish why can't Deaf people? ASL is a separate language. Deaf people need to be able to express themselves and share their feelings in their own language to a person that understands the language.

**WOMAN:** I have had Deaf people tell me that they feel so much better because they were able to communicate directly with a Deaf Mental Health Provider. These Deaf people were easily understood and communication flowed without experiencing the snags of going thru a third party (interpreter). Now, that there isn't a Deaf Mental Health Provider in my part of the state, Deaf people come up to me and are dissatisfied with the lack of Deaf Mental Health services in Indiana.

**WOMAN:** As I parent I wanted to know what is going on with my children. I had to fight to get an interpreter for a Mental Health facility because the doctor said he was communicating with my child, who can hear and not to me, therefore he believed an interpreter was not necessary. He said that I was not the patient, and he only had to provide interpreters for Deaf patients. I was very frustrated because there was no communication accessibility. The staff failed to provide me with an interpreter as a Deaf parent of a hearing child who was a patient.

**WOMAN:** I have to take care of my elderly hearing mother due to her health problems. She has mental health problems and health problems. I take her to see her doctors and I try to understand what the doctor says, but there is no interpreter. Because my mother can hear, the doctors assume she understands them, but she has mental health problems and just says yes to everything they say and wants to leave. The doctors tell me they don't have to provide me with an interpreter or spend time explaining things to me because I am not the patient. I see this attitude everywhere I go with her.

**MAN:** Deaf inmates need appropriate communication access too. Who looks out for their rights? What if they also have mental health problems and are Deaf?

**MAN:** Deaf adults and Deaf children in rural

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parts of Indiana don't have access to Mental Health Services. Southern Indiana, for example, has no Mental Health service that consistently provides interpreters for Deaf people. If the Mental Health Service does not provide interpreters, they do not have services for the Deaf.

**WOMAN:** I know of a Deaf couple who has marriage problems and they want to see a counselor. They didn't get the professional help that they need because they couldn't find a counselor in their town willing to provide interpreters.

**MAN:** If the counselor is talking to the Deaf client through an interpreter, sometimes the client does not understand. Clients lose motivation in continuing treatment when this happens.

**WOMAN:** There are not enough support groups for women of domestic violence. Yes there are support groups, but there is not any money for interpreters so when Deaf woman attend, they are lost and lose interest, and return to abusive situations.

**MAN:** Alcoholics Anonymous is not for profit. They can not afford to pay interpreters so Deaf people suffer.

## II. EDUCATION & TRAINING

**WOMAN:** My recommendation is to have training for the Mental Health programs that exist. For example, Mental Health providers don't even realize that they are supposed to pay for interpreters. Mental Health providers need to be knowledgeable about the ADA.

**MAN:** We look to Illinois as an almost ideal Mental Health situation. Here in Indiana, we get referred to different agencies and then that agency again refers us to other agencies. Chicago has great programs, why can't we have these types of services here in Indiana?

**MAN:** Statewide Mental Health services mean more than just servicing Indianapolis. The entire state needs to be connected to the services offered.

**WOMAN:** The therapist needs to be fluent in American Sign Language. Deaf clients with Mental illness or those who are retarded or autistic have difficulty in expressing their most personal thoughts

and feelings to a therapist who can not interact directly with the client by signing. The therapists and counselors need special training for all these groups.

**WOMAN:** State of Indiana needs to hire a "Mental Health Specialist" within DMHA, a person who is knowledgeable in Mental Health. This person can set up services and make sure everybody is working together and well connected.

## III. PUBLIC AWARENESS

**WOMAN:** Education of DMHA is crucial in order to improve Mental Health services. DMHA needs to understand Deaf culture. DMHA needs to be knowledgeable about their Deaf clientele.

**WOMAN:** I am sick and tired of people who are not Deaf telling me, a Deaf woman what I need. I am upset of the fact that non-Deaf people are telling Deaf people what to do and what I need to do. Deaf people should stand up for what they need.

**MAN:** People should contact the Indiana Governor's Council for People with Disabilities to lobby for better Mental Health services for Deaf/Hard of Hearing people

**WOMAN:** Indiana needs to be divided into three sections: north, central, and south. Within each of these three areas there needs to be a team of specialists. The individuals who make up the team should have Mental Health knowledge for Deaf children and Deaf adults.

**MAN:** In Raleigh, SC, there are individuals who have specialized in one area that serve only Deaf people. Deaf people receive direct communication with social workers and substance abuse counselors.

**WOMAN:** It is important to have Mental Health professionals understand Deaf culture and understand American Sign Language. Deaf people should not have to go thru a third party (interpreter) and hold all their emotions in and slow down their signing speed to accommodate the interpreter's needs or explain to the interpreter again what the Deaf person is trying to say.

**MAN:** Hospitals do not provide necessary accommodations such as interpreters for Deaf school age children. They expect parents to do it all.

## Toll-Free Hotline for Air Travelers with Disabilities

The U.S. Department of Transportation (DOT) has a toll free hotline for air travelers with disabilities. The Toll Free Hotline number is 1-800-455-9880 (TTY) or Voice: 1-800-778-4838 (voice) from 7:00 pm to 11:00 pm Eastern Time, seven days a week. The Hotline serves two main purposes: (1) education and (2) assistance in resolving disability-related air travel problems.

Air travelers who want DOT to investigate a complaint about a disability-related issue still must submit their complaint in writing via e-mail at [airconsumer@ost.dot.gov](mailto:airconsumer@ost.dot.gov) or postal mail to: Aviation Consumer Protection Division, U.S. Department of Transportation, 400 7th Street, S.W., Washington, D.C. 20590. More information on Air Travelers with Disabilities at website: <http://www.faa.gov/acr/dat.htm>.



## Toll-Free Number for Amtrak Travelers with Disabilities

Amtrak has a toll free number for ticket reservation. The toll free number for TTY is 1800-523-6590 and for voice: 1-800-872-7245 if you need immediate attention. For more questions about their accessible services, you may contact at TTY: 1-800-523-6580 and Voice: 1-800-872-7245 from 5:00 am to 1:00 am Eastern Time and seven days a week. If a Reservation Sales Agent cannot answer your questions, please ask them to transfer to a Customer Service Agent. All the information on Amtrak travelers with disabilities and tips are in the Amtrak website: <http://www.amtrak.com/plan/accessibility.html>.

## Section 225 Manufacturers of Equipment (Access for Persons with Disabilities)

The Federal Communications Commission (FCC) revised and updated the list of the Section 225 Manufacturers of Equipment and service providers which make their products and services accessible to people with disabilities. If you need to contact a telecommunications company - manufacturer or service provider for more information or questions about accessible products and/or services, or informal complaints, you can find the person responsible for accessibility issues on the following FCC website: [http://www.fcc.gov/cgb/dro/section255\\_manu.html](http://www.fcc.gov/cgb/dro/section255_manu.html) or [http://www.fcc.gov/cgb/dro/service\\_providers.html](http://www.fcc.gov/cgb/dro/service_providers.html). If you do not see a company listed, please contact the FCC Consumer & Governmental Affairs Bureau via e-mail: [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov) for assistance. FCC endeavors to keep these lists as up to date as possible.



## Full Captioning on TV Coming Soon

Remember we have heard that the FCC has set forth a rule about requiring captioning 100% of new programs on TV? When will it happen? 2006. And by the year 2008, 75% of old programs (reruns) on TV and cable stations will be captioned. Right now, the requirements are 80% of new programs and 30% of old programs to be captioned. You can see this at the website for the FCC at: <http://www.fcc.gov/cgb/consumerfacts/closedcaption.html>. Unfortunately, this requirement does not apply to commercials, so commercials do not have to be captioned under any law at the present time.

## A Coda/Sibling Workshop

Saturday, September 25, 2004  
9am - 4PM

Indiana School for the Deaf,  
Outreach Center

Cost: \$10 includes lunch

Target Audience: Pre-certified CODAs  
& CODA interpreters

Contact Diane Hazel Jones

[dhjones@isfd.state.in.us](mailto:dhjones@isfd.state.in.us)

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